



**CITY OF ST. CLOUD, FLORIDA
BUILDING DEPARTMENT**

1300 Ninth Street 6th Edition Florida Building Codes
 St. Cloud, FL 34769 6th Edition Florida Fire Prevention Code
 Phone: 407.957.8422 2014 Edition National Electrical Code
 Fax: 407.957.8412

FOR OFFICIAL USE ONLY	
Permit #:	_____
Date Rec'd:	_____
Rec'd by:	_____

SIGN PERMIT APPLICATION

PERMIT FEES (BASED UPON SIGN VALUE)

Up to \$1,000 (\$25.75)	_____	Electrical (separate permit)	_____
Additional \$1,000 (\$5.15 per \$1,000)	_____	Double fee (if applicable)	_____
TOTAL FEES	_____		

APPLICANT INFORMATION

Job Address: _____

Contractor: _____ State License #: _____

Contractor Address: _____ Phone #: _____

Business Name: _____ Business Tax Receipt #: _____

Business Owner: _____ Phone #: _____

Property Owner: _____ Phone #: _____

Sub Contractor Name: _____ State License #: _____

Sub Contractor Address: _____ Phone #: _____

SIGN TYPE

- | | | |
|----------------------------|-------------|--------------------------------|
| Permanent | Facade/Wall | Not Illuminated |
| Integrated Plaza/Directory | Awning | Internally Illuminated |
| Monument | Window | Externally Illuminated (Below) |
| Free Standing/Pole | Hanging | Externally Illuminated (Above) |

CHANGE OF COPY/RELETTERING

If application is for change of copy only, complete this section only and return for processing

If application is not for change of copy only, proceed to and complete page two of the application

This is only valid for replacement of sign copy where new business is occupying a site and **replacing the copy of an existing sign**. The existing sign must have a valid permit from the City of St. Cloud or Osceola County if the site has been annexed. Alterations to the size, height or location require a **NEW** permit.

I hereby certify that no work requiring a building permit for electrical or structural will be necessary such signage height, size and location will not be changed.

Applicant Signature

Date

A separate sheet may be attached identifying the existing and proposed copy

EXISTING COPY

PROPOSED COPY

PROPERTY DIMENSIONS

Property frontage (length) _____ feet Building facade (width / height) _____ / _____ square feet

SIGN INFORMATION

Sign area (square feet) _____ Projected cost of work _____

NOTICE TO APPLICANT

This permit is valid for this sign only. It will become invalid if the sign is not installed within 180 days from the date of issuance. The sign permit number shown on this page must be permanently displayed in the lower right hand corner of the sign, and visible from the ground. IF THE APPLICANT IS NOT THE OWNER OF THE PROPERTY, A NOTARIZED LETTER OF AUTHORIZATION FROM THE PROPERTY OWNER TO THE APPLICANT AND SIGN CONTRACTOR MUST ACCOMPANY THIS APPLICATION.

I hereby certify that I have read and examined this application and know the same to be true and correct. I understand that I must comply with all laws and ordinances governing this type of work, whether herein specified or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Applicant Signature

Date

FOR OFFICIAL USE ONLY

APPLICATION # _____

FREESTANDING SIGNS (NON-MONUMENTAL)

Sign Area Maximum: _____ Actual: _____

Setbacks (Minimum/Actual)

Front: _____ / _____ Left: _____ / _____ Rear: _____ / _____

Right: _____ / _____ Side Street: _____ / _____

Nearest Freestanding Sign: _____ **Nearest Residentially Zoned Property:** _____

FREESTANDING MONUMENTAL SIGNS

Sign Area Maximum: _____ Actual: _____

Height (Maximum/Actual)

Pedestal: _____ / _____ Overall: _____ / _____

Nearest Freestanding Sign: _____ **Nearest Residentially Zoned Property:** _____

FACADE (WALL) SIGNS

Sign Area (Maximum/Actual)

Front: _____ / _____ Total Side & Rear (50% of area permitted on front): _____ / _____

Method of Calculation (Utilize the Greater of Either)

- 10% of the area of the front elevation One square foot per linear foot of building frontage

REVIEW AND APPROVAL

Permit Application Approval **Date** **Business License Verified** **Plan Review** **Date**

ADDITIONAL NOTES

